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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	644-031
First Named Inventor	Gliniski et al.
COMPLETE IF KNOWN	
Application Number	10/735,246
Filing Date	December 12, 2003
Art Unit	TBD
Examiner Name	TBD

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR VIDEO SIGNAL SKEW COMPENSATION

(Title of the Invention)

the specification of which

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) December 12, 2003 as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

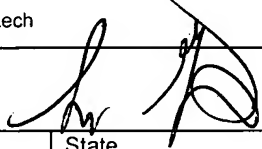
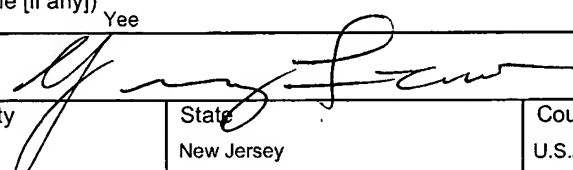
[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Ward & Olivo					
Address 708 Third Avenue					
City New York		State New York		ZIP 10017	
Country U.S.A.		Telephone (212) 697-6262		Fax (212) 972-5866	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Lech				Family Name or Surname GLINSKI	
Inventor's Signature 				Date 4/13/04	
Residence: City Morris Plains		State New Jersey		Country U.S.A.	
Citizenship U.S.A.					
Mailing Address Box 255					
City Morris Plains		State New Jersey		ZIP 07950	
Country U.S.A.					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Yee				Family Name or Surname LIAW	
Inventor's Signature 				Date 5/21/04	
Residence: City Warren		State New Jersey		Country U.S.A.	
Citizenship U.S.A.					
Mailing Address 141 Mountain View Road					
City Warren		State New Jersey		ZIP 07059	
Country U.S.A.					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					



PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/735,246
Filing Date	December 12, 2003
First Named Inventor	Glinski et al.
Title	METHOD AND APPARATUS FOR VIDEO SIGNAL SKEW COMPENSATION
Art Unit	TBD
Examiner Name	TBD
Attorney Docket Number	644-031

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
John F. Ward	33,811
John W. Olivo, Jr.	35,634
David M. Hill	46,170

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Ward & Olivo								
	Address	708 Third Avenue								
	Address									
	City	New York			State	New York		Zip	10017	
	Country	U.S.A.								
	Telephone	(212) 697-6262			Fax	(212) 972-5866				

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

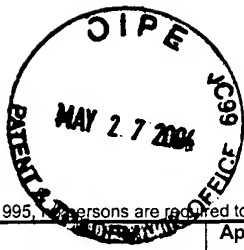
Name	Yee Liaw		
Signature			
Date	5/21/2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ward & Olivo				
Address	708 Third Avenue				
Address					
City	New York	State	New York	Zip	10017
Country	U.S.A.				
Telephone	(212) 697-6262	Fax	(212) 972-5866		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Lee Glinski		
Signature			
Date	4/11/04	Telephone	973-644-3095

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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